

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001341	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/16/2016
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

MIDWEST REHAB & RESPIRATORY

**727 NORTH 17TH STREET
BELLEVILLE, IL 62226**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments Complaint 1641211/IL83836 F328, F517 Complaint 1641273/IL83902 F328, F517	S 000		
S9999	Final Observations Statement of Licensure Violations : 300.670a) 300.670b)2)3) 300.670e) 300.1210b) 300.3240a) Section 300.670 Disaster Preparedness a) For the purpose of this Section only, "disaster" means an occurrence, as a result of a natural force or mechanical failure such as water, wind or fire, or a lack of essential resources such as electrical power, that poses a threat to the safety and welfare of residents, personnel, and others present in the facility. b) Each facility shall have policies covering disaster preparedness, including a written plan for staff, residents and others to follow. The plan shall include, but not be limited to, the following: 2) A diagram of the evacuation route, which shall be posted and made familiar to all personnel employed on the premises; 3) A written plan for moving residents to safe locations within the facility in the event of a tornado warning or severe thunderstorm warning; and e) The facility shall provide for the evacuation of physically handicapped persons, including those who are hearing or sight impaired. Section 300.1210 General Requirements for	S9999		

Attachment A
Statement of Licensure Violations

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

03/28/16

STATE FORM

6899

YYXW11

If continuation sheet 1 of 8

Illinois Department of Public Health

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S9999	<p>Continued From page 1</p> <p>Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.</p> <p>Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>These requirements are not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to develop and operationalize a Disaster Preparedness and Evacuation Plan for bariatric residents over 1000 pounds. This deficient practice affects one of one resident (R3) reviewed for Disaster Preparedness and Evacuation Plan in the sample of 3. On 8/14/15, R3 was placed in a bed that is larger than his room door dimensions.</p> <p>Findings include:</p> <p>On 3/5/16 at 2:00 PM, R3 was in bed in a sitting position with the back of the bed raised supporting R3's back. R3 is massively obese and was in a wide bariatric bed. R3 was unable to get out of bed. He was on a vent. He stated, "Z1 is my primary (care physician). He changed the order that I must go to the hospital for trach change. No ambulance around here can move me cause I'm too big. The administrator found an</p>	S9999			

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S9999	<p>Continued From page 2</p> <p>Ear, Nose and Throat (ENT) doctor that said he would change trach here. That doctor has concerns that if there are complications there won't be the right set up here.</p> <p>On 3/13/16, at 9:34AM, Z3, R3's mother, was interviewed by telephone. She stated she had just talked to Z2 on the telephone and he said he was still willing to perform the trach change procedure in the facility. She stated R3 had been in another facility before going to this one for about 3 or 4 years. He was moved by ambulance. She stated the facility had to get a new bed for R3 a few months ago because he gained so much weight. R3 refused at first because he is afraid to be in the mechanical lift, but finally agreed to move to the new bed. Z3 stated a lot of people that worked in the facility helped stabilize R3 when he was moved. Z3 stated that R3 wears a hospital gown all the time. He doesn't have any clothes except for the ones he had when he went to the facility, but they didn't fit him.</p> <p>On 3/10/16, R3's bed dimensions were measured. R3's bed was 52 inches wide by 87 inches long. The door opening from R3's room into the corridor measured 43.5 inches wide. Therefore, R3's bed could not fit through the door to exit his room. The fire exit door closest to R3's room measured 45.5 inches wide. As you exit the building there is a wooden ramp. There is a gate as you enter to the ramp which measures 49 inches wide. The wooden ramp is 57 inches wide rail to rail.</p> <p>E1 was interviewed on 3/14/16 and stated that R3 was placed in the 52 inch wide bed on 8/14/15.</p> <p>R3's March 2016 Physician's Order Sheet</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>documents R3 had the following diagnoses: Respiratory failure, Morbid obesity, and Vent.</p> <p>R3's Minimum Data Set, dated 1/18/16, documents he requires extensive assistance of two staff members for bed mobility and is bedfast.</p> <p>R3's Nutritional Record, dated 8/6/14, documents R3's weight as 768.9 pounds (lbs).</p> <p>R3's Daily Skilled Nurse's Note, dated 6/25/15 at 10:00 PM, documents "Bed bath given, wt (weight) 1032 lbs. Res (Resident) tolerated weighing with terrible anxiety noted."</p> <p>Dietary Assessment, dated 8/6/15 documents "Last recorded wt was 1032 #'s (pounds) in June 2015. (Up) 263.1 pounds since August 4th, 2014, admit weight of 768.9 pounds." 3/10/16, at 2:18 PM, E12, "I was here the night they got the 1230 pounds. Two CNAs used a hooyer. I was standing in the doorway. The weight came out 1230 pounds on the scale. The capacity of the hooyer said 1000 pounds but the weight part can go up higher and is not limited. Once we figured out he was over the weight limit for the hooyer, we couldn't use it again. We know he got bigger because his sides started to touch the edge of the bed. We got him a new bed." On 3/14/16 at 2:40 PM, E13, CNA stated that she weighed R3 using the hooyer lift with the built in scale in June 2015. It took 6 people to steady him because he panics alot and moves around. She stated it is difficult to keep him steady.</p> <p>R3's Physician's Progress Report, dated 1/13/16, documents "Diagnoses: Exogenous obesity (a form of obesity that results from the excessive consumption of food. It is caused by a constant intake of food that goes well beyond what the body requires) which is morbid obesity requiring</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>ventilatory support."</p> <p>A hand written document located in the front of R3's medical record, dated 1/25/16, documented "(R3) - If Resident is in Respiratory distress call 911 & inform 911 operator that Z16, Local Ambulance Company, ambulance needs to send bariatric ambulance and resident's weight is greater than 1400 lbs and is dependent on assist control Ventilator." On 3/7/16, E1 confirmed that this was an Emergency Plan for R3.</p> <p>On 3/14/16 at 11:08AM, E7, Licensed Practical Nurse, LPN; at 11:12AM, E5 LPN; at 1:30PM, E3, LPN, ADON; and at 1:35PM, E8, LPN were interviewed regarding emergency procedures that are in place to take R3 out of the building if there was a medical emergency or a disaster. They stated that a plan was developed on 2/28/16 and was not in writing. The plan involved a cart with tools which included a large crowbar, an electric saw that cuts through metal and wood, an extension cord and a large hammer, locked in the Respiratory Therapy room. Each nurse has a key. The walls in R3's room are sheet rock. The plan would be to use the tools to knock the wall out in R3's room and take him, in his bed, down the hall to the double front doors. The doors are wide enough to accommodate R3's bed. Once he was out on the sidewalk call Z14, Bariatric Ambulance, and the Fire Department. They assume Z14 and the Fire Department would take over from there. They have not determined how many people it would take to complete this transfer.</p> <p>On 3/14/16 at 11:15AM, E9, Certified Nurse Aid, CNA, stated, "I don't know how to get him out, nobody told me. At 11:55AM, E10, CNA, stated, "I would not know how to get R3 out of his room.</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>I have not been instructed on an emergency plan."</p> <p>On 3/9/16 at 11:25 PM, Z7, Hospital Emergency Medical Service (EMS)Coordinator/Regional Emergency Service Coordinator, stated he was the coordinator for the local emergency service and was the coordinator for four local counties. He said he and his director were responsible for assisting these ambulance companies with their policies and procedures and licensing.</p> <p>Z7 stated he was contacted by Z16, local ambulance, on 2/28/16. He was told by Z16 they were unable to transport R3 due to his size. Z7 stated after receiving this information, he contacted Z15, other local ambulance, because this company had an ambulance that could accommodate a bariatric resident. When he contacted Z15, Bariatric ambulance, he was told the ambulance could accommodate a patient who was 1000 pounds or under. R3 was 1000 pounds plus and could not be transported by this ambulance.</p> <p>Z7 stated he then contacted Z14, bariatric ambulance, Z7 stated this company had an ambulance that had a two ramp system. He stated each ramp would hold 700 pounds. Z14 told Z7 they would not transfer R3 due to the inability to ensure that R3's weight would be evenly distributed on the two ramps. This would include his body weight, equipment and staff attempting to assist with the transfer. Z7 stated because R3 could not be transferred out of the facility for medical care he and his superiors at (Local Hospital) discussed possible alternatives. Z7 stated that on 3/1/16, Z1, Administrator notified him and said it was the facility's stance that R3 had to go to the hospital for this</p>	S9999			

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S9999	<p>Continued From page 6</p> <p>procedure. Z7 confirmed there was no ambulance service in the region that could transport this resident. Z7 stated at no time did the facility contact him regarding how to transport R3 if there was an emergency.</p> <p>3/9/16 at 3:00 pm, Z13, City Fire Department Chief, said that the facility had not approached him or the Fire Department in regards to developing a Disaster Plan for R3. Z13 said recently the Local Ambulance Company contacted the Department to request assistance in transporting R3 from the facility. When arriving at the facility, R3 was in a bed that was at least 48 inches wide. Z13 stated the largest stretcher available to transport R3 was only 26 inches - 28 inches wide. Z13 stated " In the case of a fire Emergency for (R3), it would be Shelter in Place."</p> <p>On 3/10/16, the Facility's Disaster Policy and Procedure book was reviewed. There was no documentation in the book to address how facility staff and emergency responders should implement emergency medical and disaster policy and procedures in regards to R3 and his inability to leave his room and the facility.</p> <p>3/14/16 at 11:25AM, E1 stated I don't know of any other "Evacuation Procedures for the building." E1 did not mention an evaluation plan for R3 at this time. At 11:26 E1 was asked about the drywall evacuation for R3, that nurses discussed and he stated, "Oh yes, in an emergency we would knock the wall out." At 3:50 PM, E1 stated he did not address an overall comprehensive emergency plan for R3. He stated he just spoke to the County EMS regarding the trach change.</p> <p>The Facility's Disaster Policy & Procedure, not dated, documents "A disaster may be a fire,</p>	S9999			

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S9999	Continued From page 7 tornado strike, gas leak, flood, electrical power outage, heating failure, explosion, bomb threat, or any other situation that would warrant evacuation of the facility in order to protect the lives and safety of the facility's staff and residents." The Policy & Procedure documents "This plan will be in cooperation with the American Red Cross, the County Emergency Government office, local Police and County Sheriff's Departments." The Facility's "Evacuation Procedures" for fire, not dated, documents "The necessity for varying degrees of evacuation will be determined by the person in charge of the fire area as to the extent of the fire. Initial evacuation should be accomplished by horizontal movement if possible. Movement of people should always be away from the travel of heat and smoke. Utilize the nearest safety area under exit." The Procedure documents "4. Bedfast residents should be removed by moving beds out of the fire area if possible." (A)	S9999			

IMPOSED PLAN OF CORRECTION

NAME OF FACILITY: Midwest Rehab and Respiratory

TYPE OF SURVEY: Complaints 1641211/IL83836 & 1641273/IL83902

DATE OF SURVEY: March 16, 2016

300.670a)

300.670b)2)3)

300.670e)

300.1210b)

300.3240a)

Section 300.670 Disaster Preparedness

a) For the purpose of this Section only, "disaster" means an occurrence, as a result of a natural force or mechanical failure such as water, wind or fire, or a lack of essential resources such as electrical power, that poses a threat to the safety and welfare of residents, personnel, and others present in the facility.

b) Each facility shall have policies covering disaster preparedness, including a written plan for staff, residents and others to follow. The plan shall include, but not be limited to, the following:

2) A diagram of the evacuation route, which shall be posted and made familiar to all personnel employed on the premises;

3) A written plan for moving residents to safe locations within the facility in the event of a tornado warning or severe thunderstorm warning.

e) The facility shall provide for the evacuation of physically handicapped persons, including those who are hearing or sight impaired.

Section 300.1210 General Requirements for Nursing and Personal Care

b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.

Section 300.3240 Abuse and Neglect

a) *An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.* (Section 2-107 of the Act)

This will be accomplished by:

I. All residents will be assessed to determine what assistance will be needed in the event of a natural or medical emergency. This will include their cognitive and physical level of functioning, need for physical assistance and devices, and their safety awareness and ability to follow staff direction in case of an emergency.

II. All policies and procedures related to Disaster Preparedness will be evaluated and revised as needed to ensure compliance with Illinois Skilled Nursing and Intermediate Care Facilities Code.

III. All staff will be inserviced on policies and procedures pertaining to Disaster Preparedness and Evacuation. The inservices will include all staff and will cover, at a minimum, a review of the written plan for moving all residents to safe locations within the facility in the event of an emergency, including a review of R3's individualized evacuation plan. The facility will conduct drills annually, and as needed, to evaluate effectiveness of evacuation plans and procedures.

IV. Documentation of inservice training, assessments, policy and procedure review, and related follow up actions will be maintained by the facility.

V. The Administrator and QA committee will monitor items I through IV to ensure compliance with this Imposed Plan of Correction.

COMPLETION DATE: Within 20 days of this notice.

